

## **Wearing Purple**

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### **Context**

This presentation was inspired by several influences and I want to highlight three. Firstly the poem by Jenny Joseph called Warnings in which she writes that 'when I am an old woman I shall wear purple / with a red hat which doesn't go and doesn't suit me' (Joseph, 2003).

Secondly, I attended a workshop run by Arlene Katz who talked about her work published in *Social Science and Medicine* in 2000 entitled *A council of elders: creating a multi-voiced dialogue in a community of care*, where she showed some video of professional staff presenting clinical dilemmas to a panel of elders (Katz et al, 2000).

Thirdly I was privileged to be involved in establishing and working with a group of users and carers, who linked in with the work of the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists. This group was the most stimulating and enjoyable committee I worked with at the College. They were always irreverent (Cecchin, Lane & Ray, 1992) and questioned everything. They knew no bounds as far as agendas are concerned and generated a lot of new initiatives. Reflections on the work were recently published (Ong et al, 2007).

Fourthly I have liaised recently with an active campaigning local group called North Staffordshire Pensioners Convention and their banners bear the slogan 'Us today – you tomorrow'. This is a sobering thought for all of us and means that we should be careful to make sure that the voices of older adults, which sometimes are the quiet voices, are heard in the noise of our hurried lives.

### **The Story of a Module**

This presentation is not about family therapy but it is about some work which is powerfully systemic with the potential to change individuals and systems. It is the story of some work at Staffordshire University where I am involved in running the MSc in Applied Studies in Ageing & Mental Health. Our students come from a wide range of backgrounds and are all working in older people's mental health (OPMH) during their time on the course. We have occupational therapists, nurses, doctors, staff from social care and people working in residential and nursing homes amongst others.

I lead a module in assessment & care planning and the last time we ran the module I asked a user to teach one session and two carers to teach sessions. The aim was to give students a different experience of assessment & care planning, highlighting the experience for users & families who are involved in assessment & care planning in OPMH services and similar settings. The service user, a woman in her 70s living with Alzheimers disease (Kath), was seen prior to her teaching to discuss various possible methods of running the session: she eventually chose to prepare a talk in advance and to be sent questions in advance from the students. All the sessions on the course were rated by students on how interesting, enjoyable and informative they found them, together with an overall rating. The user-taught session was rated highest on all measures: students' freehand comments showed that they gained valuable insights and new perspectives into how the experience of assessment and care planning impacts on, and is experienced by, service users.

Subsequently we proposed a new module called 'In our Shoes', to be designed, run and evaluated by users and carers supported by university tutors. We have been awarded grant support from the HEA and ran a series of focus groups with users and carers to plan module content/ design. A lot of important themes came out of the focus groups and we are clear that it is not the content of the teaching that is important but the fact that we are trying to get students to look at how they relate to the people using their services and the relationships that develop between users, their families and the health and social care professionals working with them. We were helped in this by the Alzheimers Society, the Phoenix Group (Coleshill), Approach, and some very special individuals. The aims of our module are that students should:

- understand some of what it is like to live with a mental health problem in later life
- understand some of what it is like to be a carer of an older adult with a mental health problem in late life
- re-evaluate the relationship between health/ social care professionals & users & carers they work with
- re-evaluate what health & social care professionals have to offer in their relationships with users & carers.
- experience learning from the people they work with in a professional capacity

We have built into the module design a regular requirement for students to arrange to go and meet users and their families to talk about their experiences, what they find works well, what doesn't and how they would like things (and the people who work with them) to be different.

We recently ran a recruitment workshop where Kath gave a presentation to users and carers who might be involved in future teaching about her experience of doing the teaching and what it has meant for her. She is a remarkable person and described how she could not have taught before she had Alzheimers disease: she said that now she can only think about one thing at a time, so when she is talking to students she can't be anxious as she just has to concentrate on what she is saying.

Her words have more impact on those listening, and are more thought-provoking, than any number of formal presentations by teachers.

### **For the future: lots of questions**

We see this as the start. We hope that users and carers will become more influential and more involved in other courses across the university. We plan to evaluate our work: what does this mean for the students? Can users and carers, by teaching, influence students' relationships with the people they are working with in their practice? What does this mean for the users and carers who teach? How might it affect people's expectations and relationships, both professionals and families? Is this a way of trying to make sure that older adults with mental health problems don't have to wear purple in order to be seen and heard?

### **References**

Cecchin, G., Lane, G. & Ray, W.A. (1992) *Irreverence: a strategy for therapists' survival*. Karnac Books; London.

Joseph, J. ( 2003) p. 71 in *Poetry Please*. Orion Publishing; London.

Katz, A.M., Conant, L., Inui, T.S., Baron, D. and Bor, D. (2000) A council of elders: creating a multi-voiced dialogue in a community of care. *Social Science and Medicine*, 50: 851-860.

Ong YL, Benbow SM, Black S, Garner J. (2007) A Consumer Group: Reflections on experience of involving users and carers in the work of the Faculty of Old Age Psychiatry. *Quality in Ageing*, 8: 45-49.